DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00878 00883 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2b. HOUR M death. 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) Nellie Blanche January 187 1959 Baker 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years AsSbirthday) IF UNDER I YEAR White Aug. 21, 1880 HOURS Female and campletely filled in by the remays carbon papers. Per 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) W. Va. TISA Garrett WIDOWED F DIVORCED [12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR duling mest of working life, even if retired.) give street orderess to . Mem. Hosp. INHUSTRY home Oakland 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mary and the county Oakland 27 E. Water St. YES X 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Middle Davis John C. Davis Eilsabeth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) Oakland, Mrs. Hester Folev. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. ALITOPSY? CAUSES OF DEATH? YES 🖂 NO | 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while 22c. DATE SIGNED **ATTENDING** DIRECTOR 22e. ADDRESS land, Maryland 21550 22d. PHYSICIAN'S Dr. A. E. Mance 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230. BURIAL CREMATION. 23b. DATE (County) (Stote) Gortner Cemetery Ruarl-Oakland. Garr. Md. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ochemilan Jakland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

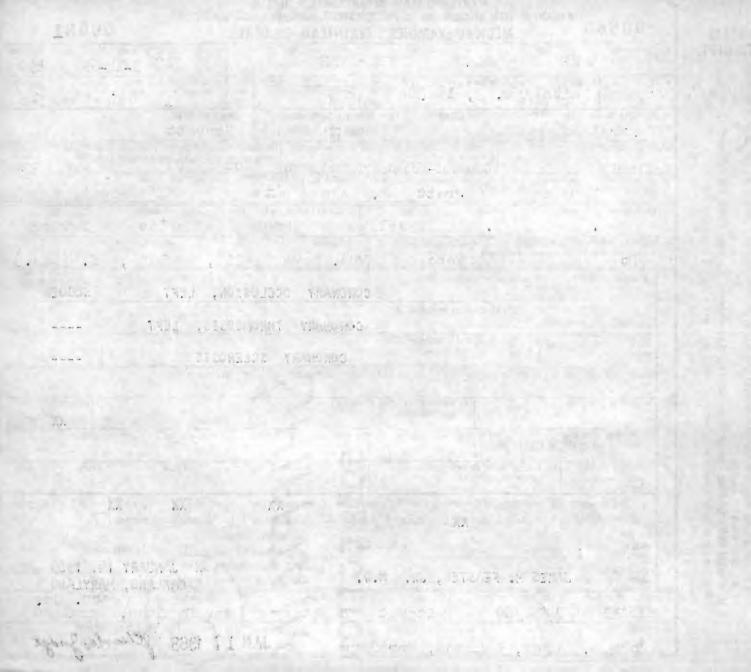
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00880 00885 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) Russell Joseph Fichtner 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR Male last birthday) MONTHS DAYS White Oct.12.1884 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED -NEVER MARRIED .⊑ Garrett W. Va. U.S.A. WIDOWED [DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Oakland Co. Memorial Hosp. Carpenter INDUSTRY signed by the attending physician and campletely buriol-transit permit. Then please remaye carbon 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNT Garrett Kitzmiller NO _ W.Main Street buriol, crematian, ar remaval, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Damiel Franklin Fichtner Sophronia Trickett 103 STATLING Rd. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or anknown) 236-12-6113 Mrs. C.K. Boyce, Fairmont, W. Va. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate cause (o), Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-transtant be filed with the State Dept. of Health priar ta buriol, createned. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) attended the deceosed from June 13, 1968, to 23 for saw the deceased alive an 1977, and that in (my) (aur) opinion death occurred causes stated above, (I) (we) (did did not) view the body after death. 1967, and that in (my) (aur) opinian death occurred an the date and hour and from the 22b. SIGNATURE ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) A.E. Mance, M.D. Oakland. Md. 21550 23d LOCATION (City or Town) Garrett 230. BURIAL, CREMATION BMOYACLS (Marly) 23c NAME OF CEMETERY OR CREMATOR; Short Run Cemetery NAME OF CEMETERY OR CREMATORY Braine, W. Va. **FUNERAL DIRECTOR** P.O. Kitzmiller MADATE

MAKTLAND STAIL DEPAKIMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1881
EPT.	1 [MEDICAL EXAMINER 5 CERTIFICATE OF BEATT	
	((Type or Print) ANNE ELLEN FITZWATER OF ESTI- DEATH MATED 1-11	59 19 450 N
)		Temple White Apr. 3, 18828 & birthday) MONTHS DAYS HOURS MAN Month 1 Day 11	2d HQDR 1969 505 M
1		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.	M
1			ustry Own home
11	130	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR 10WOLK 13d INSIDE CITY UNITS? 13e. STREET AND NUMBER odmission) STATEMARY Land 3b. COUNTY Garrett Mt. Lake YES NO 11K11 Street	
	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle A. W. Pysell Mary Catherine	Losi Bowser
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1. (Dau.)
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). CORONARY OCCLUSION, LEFT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN
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		rise to immediate couse (a), stating the underlying couse lost. OUE TO, OR AS A CONSEQUENCE OF	day have days
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YESXX NO
		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 19	
necessory, please execute the certificate, the funeral director. Page 4 should be fast may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be to Health prior to burial, cremation, or ren	MEDICAL	CAUSE OF DEATH	ounty State
	230	220. I certify that I took charge of the remains described above, held an Autops XX. Inspection XX Inquiry XX. death resulted from: Notural cause XX., Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE SIG	NYLAND C(例)
15 M	24.	FUNERAL DIRECTOR ADDRESS ZSO. REC'D BY REGISTRAR ZSD. REGISTRAR'S SIGN John O. Durst, Oakland, Maryland DATE JAN 17 1969	



2 1	Item6 FilmGloo MARYLAND STATE DEPARTMENT OF HEALTH 2/7/69 kkg 0.00 VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	2/7/69 kit 0887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0882
HEALTH DEPT.	DECEASED-NAME First Middle Last 2a, DATE KNOWNE Month I	
	(Type or Print)	
d 3 to	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOWR
ony delay is 2, and 3 to PM3, Page	Female White 8/6/1912 5/7/56 YRS. MONTHS DAYS HOURS MIN Month 1 Day 29	H.
P. 27 P.	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1107 1145 11
Pages 1, vith farm	OPEnna. USA WIDOWED DIVORCED GARRETT	Md.
tage had	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 1	126, KIND OF BUSINESS OR
ofter death die Pagilana with ith re Sto	Oakland (DOA) oddarr. Co. Mam. Hosp. Housewife Housewife	NDUSTRY Home
death.	13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
V - 2 / 0 / /	odminary and 13b Garrett Oakland YES NO Rt. 1	-
hours litem Offine Land 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	James Beall Emma Grace Layman	
within 24 pencil in xaminer's ile pages 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, gr unknown) (If yes give war or dottes of senned) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Rt.	
n pencil Examine File pag	(Yes, no, or unknown) (If yes give war or dofes of sennce) none Elmer C. Friend Oakland.	
hauld be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages and any event within 72 haurs	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within	IMMEDIATE CAUSE (a) ASDILYALACTOR	Minutes
f M f M f M	Conditions, if any, which gave)	
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e shauld the word to the Cl 1 burial-tr	(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ind ind	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
its certifiinte, writing forward of used a remaval,	19a, date of operation 19b. Condition for which operation	20. AUTOPSY?
his certificate, writing forwar be used	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	YES NOTE
	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 18.)
INER: The certific should be files.	PRIMARY TO OR CONTRIBUTING BHOUR A.M. CAUSE OF DEATH B:40 MM. 1-29-6919 Car skidded on icy road and went 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21t. LOCATION Street or R.F.D. No. Gity or Town	into a stream
S = 2 = E		County State
DEPUTY COICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shault salth prior to burial, cremation,	WHILE MOT WHILE AT WORK Highway Rural Rt. Oakland Garrett	Maryland
ICAL EXA s execute tar. Page ed far yar CTOR: Pag burial, cre	22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection 🗓, Inquiry 🔀,	and in my apinion
Ped e e e e e e e e e e e e e e e e e e	death resulted fram: Natural causes 🔲, Accident 🔀, Suicide 🔲, Hamicide 🔲, Undetermined manner 🛭	
TY SIC.	ACTUAL CHIEF MEDICAL EXAMINER C	
JIY, peral be re RAL prid	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	
DEPU Scessor e fune may k FUNES ealth	EXAMINER'S NAME (type) James H. Feaster, Jr., M. D. DEPUTY MEDICAL EXAMINER 1-29-69 ADDRESS(Street, city, town, or county) Oakland.	
ro DEPUTY DICA necessary, please est the funeral director. S may be retained or FUNERAL DIRECTOR Health prior to bur		Garre, Mde (County) (State)
2 - 2	Burial 2/1/69 Glendale Cemetery Garrett County	
	24 FUNERAL DIRECTOR ADDRESS ADDRESS	
VR A15ME (5)	Gerald M. Minnich Oakland, Md. DATE FEB 3 1968	100
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S offer	3. SE	Female	4. RACE Vhite	S. DATE OF BIR	TH 1807	1 .00 11	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
72 haurs	7o. l	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED [] NEVER MARE WIDOWED [] DIVOR	TIPLI I I I I I I I I I I I I I I I I I I	NTY OF DEATH ARRETT .	. Md.
event, within 72 ho	I	or town of Death Deer Park	13. NAME OF HOSPITAL OR IN: g ve street oddress)	TITUTION (If not in hospital		PATION (Kind of work done varking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Own Home
	13a adm	USUAL RESIDENCE (Where decease state and	ed lived, if institution. Residence before	Deer Park	3d INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	
	14. 1	ATHERS NAME First Wilfred	Middle Lost Chaddert	15 MOTHER'S MA		Mrddle	Lost
	160. Y	WAS DECEASED EVER IN U.S. ARM		IO 17 INFORMANT		Address Le Deer Par	Gilpin
Health prior ta burial, crematian, ar removal, and $ imes$	X	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DE TO OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NO	Mary Me New Selviol Cucles Va OT RELATED TO THE TERMINAL	DISEASE OR CONDITION	Therrush Alslan ON GIVEN IN PART 1(0)	RETWEEN ONSET AND DEATH.
×	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO [20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN or contributing cause of Death (If either, notify medical examin	H HOUR A.M. Month Day Year ner) P.M. 19			of injury in Port 1 or Port 2,	Item 18.)
	×	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFF-CE BUILDING, ETC.	TORY,) 21f LOCATION Street	or R.F.D. No.	City or Town	County State
		enw the decensed of	is haspital) attended the decease live an , c, (I) (we) (did) (did nat) view the	965, and that in (my bady after death		leath accurred an the do	, that (I) (we) last its and have and from the
/		22d. PHYSICIAN S NAME (Type) A.	E. "ance	21 DEGREE ATTENDING PHYS. 22e. ADDR			Marko
Shaula be liled with line 3	23 a	BUR AL, CREMATION, 23b. I REMOVAL (Specify)		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
Sol	24	FUNERAL DIRECTOR 7	ADDRESS		250. REC'D BY REGIS	STRAR 256 REGISTRARS	A. A



1 13/1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		6884
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWNC Month D	
	(Type or Prot) George Walter Kisner DEATH MATED 1-1-6	
Pag Pag	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF LINDER 1 YEAR F JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ony delay is 1, 2, and 3 to m. P.M.3. Page	Male White 9-5-06 62 yrs 1-1-69	Yeor 19 515 M
E 2.2	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED KINEVER MARR ED 79 COUNTY OF DEATH	
N. S.	Crallin, d. USA W DOWED DIVORCED GARRETT	Md
Pages Vith for	10 (ITY OR TOWN OF DEATH 1 NAME OF HOSP TAL OR INSTITUTION (If not in hospito 20 USUAL OCCUPAT ON (Kind of work done 12 Oakland (DOA) (Reffect Coss) Memorial Hospital (dring most of working life, even if retired)	26 KIND OF BUSINESS OR adustry_
haurs after death Item 18. Give Pages 1, Office along with farm I and 2 with the State Death	Oakland (DOA) Garteet odess Memorial Hospital dring most of working life, even if retured) It	Fuel Co.
aftra alar with with leath	- ormission) STATE 13b COUNTY	O M
haurs after Item 18. Gir Office alang I and 2 with	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
4 ho 1 lte 1 la		Ic Cabe
within 24 in pench in Examinar's File pages 7.72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA, SECURITY NO 17 INFORMANT	ar Rig. Rd.
within pench Eventing	(Yes no, or unknown) (Hyes give war or dates of service) 217-03-8440 Junior N. Kisner 31t., 1931	201175
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
with	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Ifyocardial infarction, acute	Sudden
ext f Me it p	DUE TO, OR AS A CONSEQUENCE OF	
vard "pending" in re Chief Medical E. dol-transit permit. Fany event within	Conditions, if only, which gove a rate of the course (a), (b)	
auth warr he (rial-t	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s sho the w to the burn d in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng tang ded ded as a	PART 2 UTILER STUMBLEAM COMMITTIONS CONTRIBUTING TO DEATH BUT NOT REDATED TO THE TERMINAL DISEASE OR COMPLY ON GIVEN IN PART 1(0)	
MINER: This certificate should be executed within 24 hours after death the certificate, writing the ward "pending" in pench in Item 18. Give Page 4 should be farwarded to the Chief Medical Exeminity's Office along with the files. 3 should be used as a burial-transit permit. File pages I and 2 with the Statemation, ar remayal, and in any event within 72 hours after death.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for for rem	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month Doy Year 216 HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2 sterm	YES NO E
W		18)
Cert cert cert cert cert les. les. shar tion,	CAUSE OF DEATH P M 19	
	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white not white not white foctory, office building, etc.)	County State
	AT WORK	
TY Please executed director Page of retained for tal DIRECTOR: prince to burial,	229 Lertify that I taok charge of the remains described above, held an Autopsy Inspection K., Inquiry X.,	ond in my opinion
please e please e I director retained L DIRECTION IOT to bu	death esulted fram. Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner .	_
retor to ror t	ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIGNATURE 22b DATE SIGNATURE	GNED
EPUTY Issary, F funeral ay be n INERAL	3044708	
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TO DI The the 5 mc	230 BJRIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (Stote)
	REMOVAL (Specify) 1/4/69 Carrett Co. Mem. Gardens Cakland, Md	
VP ATSME (S)	24 FUNERAL DIRECTOR ADDRESS Oakland. Td. DATE JAN 6 1989 FELLOW Oakland. Td. DATE JAN 6 1989	SNATURE O
VR A15ME (5) 19M REV 1/68	Gereld N. Minnich Oakland, Id. DATE JAN 6 1989 Jelian	Cas Jungan



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 90885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 20 DATE KNOWN 1. DECEASED-NAME First Middle 2b HOJR Month Doy (Type or Print) ESTIdefay 1 nd 3 ta Page L'SCM ALBERT LTWIS DEATH MATED OF JINDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE In years 2r DATE PRONOUNCED DEAD 2d. HOUR P.M.3. 1069 Tob. 16. White Male The State Depart To. BIRTHPLACE (State or foreign MARRIED THEVER MARRIED 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH along with form country) Marveland USA WIDOWED [DIVORCED [Carrett pencil in Item 18, Give Pages 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done This certificate should be executed within 24 hours after death 12b. KIND OF BUSINESS OR give street oddress) Route #2 After un most of Markinding and Mit (Alice) Rural-Oakland 130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c. City OR TOWN 13d. INSIDE CITY & MITS? 13e STREET AND NUMBER 13b COUNTY Gerrett odmission) STATE Route Oak land YES NO 🔯 and 2 \ after First Middle IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Scott Lewis Sarah Lewis Jacob should be forwarded to the Chief Medical Examiner's haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes pe or unknown) -01-6067 Mrs. Nelson Lewis. Rt 42. Oakland. Mo File event within 72 APPROXIMATE INTERVAL .⊑ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWIEN ONSET AND OFATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Coronary thrombosis Sudden DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gove rise to immediate couse (a), any (writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ξ puo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o remayal, CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES 🖂 NO X burial, crematian, ar 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D No. City or Town County State factory, office building, etc.) WHILE NOT WHILE THE AT WORK 220. Veertify that I took charge of the remains described above, held an Autopsy . Inspection ... Inspection ... Inquiry 🔼 and in my opinion death resulted from: NaturaLcauses [27] Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED the funeral ASS STANT MEDICAL EXAMINER 1-16-69 DEPUTY MEDICAL EXAMINER тау NAME (Type) James H. Feaster, Jr., M. D. 5 may ro FUNE Health ADDRESS(Street, city town, or count@akla.d. Garr., 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCAT ON (City or Town) (County) Oaltland, Carr. Garr. Co. Mem. Gardens 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REG STRAR S SIGNATURE cland, Marvland



\$ B	1		DIVISIO		MARYLAND ! RECORDS, 301					PYLAND 21	201	0.0	
FOR STATE	1	2089			ICAL EXAN						201	OU.	986
HEALTH-DEPT.	1. 0	Type or Print)	Fer		Midd			lost rude		20 DATE	KNOWN A MOI	oth Doy	Yeor 25 HOUR
deloy and 3.4	3 5	Male Male	4 RACE White	Feb.27	, 1903	6 AGE (In years	MONTHS	L YEAR DAYS	IF UNDER 24 HR	2c. DATE	PRONOUNCED DEAL)	2d HOUR
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death whe start the start		city or town o Barton	F DEATH	11 givi	NAME OF HOSPITA e street oddress) [L OR INSTITUT OF BA	oh (f not in	hospital	120 USUA durage mo	OCCUPATION	(Kind of work do life, even if retire	ne 12b i	KIND OF BUSINESS OR
hin 24 hours after de noil in Item 18. Give Fininer's Office along wypages 1 and 2 with the hours after death.	13 o	USUAL RESIDEN idmission) STATE	CE (Where dece	osed ved, if inst	tut on Residence Garrett		y or town	130	YES NO	1.00	et and number 1 Barton		
24 hours at in Item 18. sr's Office alone is and 2 will ars after dea		FATHER S NAME	first eorge	Mide	dle	lost uder	15. MOTHE	ERS MAII	DEN NAME F	ett	Middle M	ichae	Lost
d within 24 in pencil in Examiner's File pages in 72 haurs		WAS DECEASED EV Yes, no, or unknow	VER NUS ARMED	FORCES? we war or dates of service	16b. SOCIAL SEC	URITY NO.	17. INFORMA		ruder R	D l Ba	ADDRESS rton, Md	. 215	21
uted wing in placed fixed Excellent			DEATH (Enter of	only one couse per ED BY HATE CAUSE (o)	fine for (a) (b), (ond (c).)	CORO	NARY	r occili	USION		-	APPROXIMATE IN LKYAL BETWEEN ONSET AND DEATH
INER: This certificate should be executed within 24 hours after death se certificate, writing the ward "pilluding" in pencil in Item 18. Give Pag should be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the Standian, or remayal, and in any event within 72 hours after death.			ony, which gove trate cause (a),	DUE TO, (DR AS A CONSEQUE	NCE OF		RONA			IS, LEFT		ti
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ficate ting th rded to as a b	20	PART 2 OTHER	SIGNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATE	TO THE TER	MINAL D	ISEASE OR COND	ITION GIVEN 1	N PART 1(o)		
te, wrii forwa forwa remave	TIFICATIO	19a. DATE OF C	PERATION		19b. COND.TION WAS PERF		PERATION						20 AUTOPSY? YES X NO
VER: This certifica certifica certificate, writing hould be forwarderles. shauld be used as shauld be used as tian, ar remaval, c	MEDICAL CERTIFICATION	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING		OF INJURY Month, D A M P M	оу, Yeor 19	21c HOW IN	JURY OC	CURRED (Enter	noture of injur	y in Port 1 or Port	2, Item 18)
AMINION THE CONTRACTOR OF THE	MEI	21d HIJURY OC WHILE AT WORK	CURRED 21e	. PLACE OF INJURY foctory, office build	(At home, form, ding, etc.)	street,	21f. LOCATIO	N Street o	orRFD No	City	or Fown	Сон	unity Stote
no DEPUTY DICAL EXAMINER: This certificate shauld be executed with necessary, please execute the certificate, writing the ward "p≡nding in perthe funeral director Page 4 should be forwarded to the Chief Medical Exam 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health priar to burial, crematian, or remaval, and in any event within 72	,	22a. I death re			the remoins di			<u></u>	psy [X] , Homicide [F MEDICAL EXA		X, Inquiry termined moni		and in my apiniar
necessary, please est the funeral director S may be retained TO FUNERAL DIRECTOR Health prior to but		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	JAMES	H. FEAS	TER, Jr.	-	M.	DEPI ADD	ISTANT MEDICAL UTY MEDICAL EX RESS(Street, city	AMINER X			1969
01 2 ± 2 01 3 ± 2 01	I	BURIAL (REMA REMOVAL/Spec Burial	ofy)	DATE 2/2/69		ooming		TORY		Bl	(City or Town) coming to		Md.
VR A15ME (5] 10M REV 1/68	24	FUNERAL DIRECT	2. 6	enl.	Western	ADDRESS M	d.		250 REC D BY	EBSIKAR 3	1969 EGIST	HCS S GNAT	IUKE ()



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIN	AORE MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE O	11	0887
HEALTH DEPT.		CEASED NAME First Middle Lost	20. DATE KNOWN Month D	Doy Year 26. HOUR
s b a s	(re or Print) Ira Lawrence Martin	0F FSII	-69 19 545 PM
delay is and 3 to 200 Page	3 S	4 RACE S DATE OF BIRTH 6 AGE (In years F L.NDER 1 YEAR	IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
i g g g (g)		Male White 2/3/1914 54 YRS MONTHS DAYS	HOLRS MIN. Month 1 Doy 20	Year 1969945 M
2.E 9.M		RTHPLACE (Store or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRI		
Te de la constante de la const		Tryland USA WIDOWED DIVORCE		Md
Store Store	1	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospite	120 USUAL OCCUPATION (Kind of work done 13	26 KIND OF BUSINESS OR
P a a	1	kland give street oddr. 2 Box 262		aw M111
hours after de Item 18. Give P Office alang w I and 2 with the after death.		A ATTENDED TO A STATE OF THE ATTENDED TO A STATE	INSIDE CTY LIMITS? 130 STREET AND NUMBER	
urs e que 12 v 12 v 15 ce que 17 de			ES NO Rt. 2 Box 2	
hourr Item Office after	14. [THER'S NAME First Middle Lost IS MOTHER'S MAIDER		Lost
24 in Irs			ora Ada Mill	er
w thin 24 hours a pencil in Item 18. xaminer s Office a ile pages 1 and 2 w 72 haurs after de	()	AS DECEASED EVER IN U.S. ARMED FORCES? 5, no, or unknown) (if yes give wat or dates of sence)	ADDRESS	
Exan Exan File	n	21/-20-009p Howard	C. Martin Rt. 2 Oa	kland, "Id.
ted of B it. I		18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
executed nding" in Medical Bermit. I		IMMEDIATE CAUSE (0) OUT OTTALLY CITE OTTOO STR		Sudden
sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave }		
d by Chie Tran		rise to immediate couse (a), ((b)		
should be e ne word "per o the Chief f burial-transit		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
ta the bull day		(r)	CASE OR CONDITION CHIEF. IN DARK 1/-1	
AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in pencil in str. Page 4 shauld be farwarded to the Chief Medicol Examiners of far your files. 10R:Page 3 shauld be used as a burial-transit permit. File pages urial, crematian, ar remaval, and in any event within 72 haurs		ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DRAIN BUT RECALLED TO THE TERMINAL DIDE	ASE OR CONDITION GIVEN IN PART 1(0)	
certifi arwar used maval	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION		20. AUTOPSY?
iis c for for rem	TIFIC	WAS PERFORMED?		YES 🔲 NO 🛣
VER: This certif cate hauld be fulles. should be fulles.		210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 210 HOW INJURY OCCU PRIMARY OR CONTRIBUTING HOUR A.M.	IRRED (Enter nature at injury in Part 1 or Part 2, Item	18)
INER: shauld thes. 3 shauld a	MEDICAL	CAUSE OF DEATH P.M 19		
MIN The The The The The	N.	21d INJURY OCCURRED WHILE NOT WHILE FOR THE FOCKORY, office building, etc.) 21f LOCAT ON Street or I	R F.D. No City or Town	County State
bical Examiner: se execute the certicular. Page 4 shauld ned far your files. ECTOR: Page 3 shau i burial, cremation,		AT WORK AT WORK-		
Xect English		220. I certify that I took charge of the remains described above, held an Autops		ond in my op n on
SIC e e ctorror ctorror bed EGI		deoth resulted from: Notural causes 🔝 Accident 🔲, Suicide 🔲, F	Homi <mark>cide [], Undetermined monner [</mark>	
please direct retains or to be		APPLIAL / V/	MEDICAL EXAMINER	
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D SS To SS T		ENAMINER 3	Y MEDICAL EXAMINER 1-20-	
TO DEPUTY SICA necessary, please extremely function. S may be retained TO FUNERAL DIRECTOR Health prior to but	00	<u> </u>	SS(Street, city, town, or county) Oakland	
5 2 6 -	230	BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY UP181 1/23/69 Red House Cemeter	, ,	County) (State)
	741		y Garrett County So RECD BY REG STRAR 250 250 365 BAR 2	CNAL SECTION OF THE S
VR A15ME (5) 10M REV 1/68	10	erald M. Murrich Oakland, Md. 10	SO REC'D BY REG STRAP 25 TO COSTRAP OF	A. A. A.
10M REV 1/68	7	ountain, in		



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy	Year 2b HOUR
of of	(Type or Print) Henry ISAAC Moon DEATH MATED 1-13-6	
elay d 3 d 3	3 SEX 4 RACE S DATE OF SIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD MAN MONTHS DAYS HOURS MIN MONTH Day 7 YEAR	2d HOUR
Any delay is P. and 3 ta Proge	T 13	1969 7P M
	70 BIRTHPLACE (Store or foreign Country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 2 9 COUNTY OF DEATH COUNTRY) Md. USA WIDOWED DIVORCED Garrett	Md
**AL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages-1. It. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 1 for your files. **TOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the Shate Deurial, crematian, ar remayal, and in any event within 72 hours after death	Oakland (tuppe tt-Weeks Nursing during most of working life, even if retired.) INDUS	(IND OF BUSINESS OR TRY CHAIRM
18. Grue e along	130. USUAL RES DENCE (Where deceosed ved, f institution Residence before 13c (ITY OR TOWN odmission) STATETIO 13b. COUNTY Garrett Deer Park YES NO Route #1.	
haurs Item Office I and 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
in I in I irs (clman
This certificate shauld be executed within 24 cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's I be used as a burial-transit permit. File pages or remayal, and in any event within 72 haurs	(Yes, no, or unknown) (If yes give wor or dates of service) (160 SOCIAL SECURITY NO A 17 INFORMANT ADDRESS (Jous: 212-21-0730 Isaac Beckman, Rt #2, Oakland	
shauld be executed with a ward "pending" in pertain the Chief Medical Examburial-transit permit. File to any event within 72		APPROX MATE INTERVAL
vold be executed ford "pending" in the Chief Medical Eathansit permit. Fory event within	PART I DEATH WAS CAUSED BY. Programment of the	Days
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be ''pe ''pe nisit	Conditions, if ony, which gove (b)	
re Cl	sloting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she w he w ra #f buri	last. (c)	
rate in the leaf to the leaf to the leaf to and and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vritii vard vard ed o	Arteriosclerotic cardio-vascular disease.	20 AUTOPSY?
is certific te, writin forward forward e used as	190 DATE OF OPERATION 195 CONDIT ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18)	YES NOSE
INER: This certificate writing should be farwarder files. Should be used as should be used as nation, ar removal, a	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18))
cert cert cert auk es. shou rian,	CAUSE OF DEATH P.M 19	
brcal EXAMINER: se execute the certitive for the certitive for the certitive for your files. ECTOR: Page 3 should a burial, cremation,	21d No. RY OCCURRED WHILE WORK AT WORK	inty Stote
Kecur Fag far JR:P		ond in my opin on
drectar. drectar. biretar.	death resulted fram Natural causes 🐼 , Accident, 📝 Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
d're etai	ACTUAL CHIEF MEDICAL EXAM.NER	
JTY Blease erral d'rectar be retained be retained prior ta burect prior ta bu	SIGNATURE	
TO DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMMER'S NAME (Type) James H. Feaster, Jr., M. D. DEPUTY MEDICAL EXAMINER & 1-13-6 ADDRESS (Street, city town, or county) Oakland. G	
the Her	230 RI, RIAL CREMATION 23h DATE 22c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	
7	PLMOVAL Specify 1/16/69 30ckman Family Cem. Rural-Oakland. Ga	rr. Md.
m	24 FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR'S SIGNAT	urt
VR A15ME	John O. Durst. Oakland, Maryland DAVAN 17 1969 Policy	Andrews.



		MARILAND STATE DEFARITION OF HEALTH
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 06385
÷ 24		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
death. neral and 2 death	-{	(ype or print) John Henry Niner Jamen 29, 1919 2:30 M.
do o o o	3 S	7011) 116/14 /1116. Suman 19, 14,7 1
offer 1	1, 3	last birthday) MONTHS DAYS HOURS MIN
× E E		111ale White 1-29-79 90 YRS.
San Carrie		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
F 6.37	100	Md. WIDOWED & DIVORCED Carrett Md.
		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 4,12a USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR
事情,	(Frantsville give street address) Goodwill Menpant Guring most of working life, even if retired) INDUSTRY
ple cart	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (TY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER
ta Esa/	adm	ission) STATE fenna. 136 COUNTY Somerset Fort Hill YES NO
ex pund and and and and and and and and and a	14.	FATHER'S NAME First Middle tost IS MOTHER'S MAIDEN NAME First First Middle Application
an c	1/0	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO. 17. INFORMANT Address
errificate be physician c nen please iaval, and ir		(es, no. or ynknown) ("Yas give wor or dotes of service) 172-28-6190 Goodwill Mennonite Home Adm. Records
erti ph avc	F	APPOINTMENT INTERPRET
te death cer attending p permit. The		The Cause of DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
ar r		IMMEDIATE CAUSE (a) CONTE DEORCHITS [Week]
attr in,	1	H 6 6 X DUE TO, OR AS A CONSEQUENCE OF
t the		Conditions, if any, which gave (b)
hat Inspires		Tise to minimediate course (a),
equires tho physician. signed by burial-tran		stating the underlying cause to the lost of the underlying cause (c)
Jure Jane Jane Jane		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2 2 2 2 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ling een rtc	8	(Interioscleronic Heart + cerebral disease
The law ratending has been se as the hypriar to	3	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
att se ship	CERTIFICATION	100 100
ar ar ur u		21a ACCIDENT WAS JNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18.)
PHYSICIAN: e haspital ar his certificate stacked far ur Dept. af Heali	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) P.M. 19
TYS and the pt.	¥	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. INTECTOR: After this certificate has been signed by e.g. shauld be detached far use as the burial-traned with the State Dept. af Health priar ta burial, are		at work at work
by ther fter be d		22a. I certify that ((1)) (the hamily) attended the deceased from March 1966, to Jan 29, 1969, that (1)) and last
ATTENDING project by the stand by the should be dishored the first be dishored to the first the stand the	П	saw the deceased alive an
P S S S S S S S S S S S S S S S S S S S		
HOSPITAL OR ATTEINER 4 may be retained from the retained from the retained from the retained by the retained by the retained from the reta		226 SIGNATURE ATTENDING MED. STAFF 1 22c DATE SIGNED DEGREE PHYS. DIRECTOR PHYS 1 22c DATE SIGNED
o a le go		22d. PHYSICIANS 220 ADDRESS
TA MAN A		NAME (Type) TAUL E. BERKEBILE, M.D. MEYERSDALE JA.
O HOSPITAL Page 4 may O FUITERNI director, pag shauld be fill	O.B.	
age age lire	230	
5 5 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2		WAINS.
VR A15 (4)	24.	FUNERA, DISECTOR 250, REGISTRAR S SIGNATURE
30M REV 1/68		Sarfilled of - Thomas Saltoning, 19 DATE : B & 1969 Victorian Unage



4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day Year 2b HOUR
of ge	(Type or Print) Rhonda Lynn Rush OF ESTI- 1 7 1969113 MATED 1 7 1969113 M
T 20 35	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YOURS 16 UNDER 1 YEAR F JNDER 24 HRS 2c DATE PRONOLINGED DEAD 2d HOURS
del and my3.	Female Thite 12/26/56 12 YRS MONTHS DAYS MOUNTS MAIN MORTH Day Year 19 69 35 M
£ 5, 9 (\$	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form form	CARASTT Md USA WIDOWED D VORCED CARASTT Md
Pages 1 with farm	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospita 12a USJAL OCCUPATION (Kind of work done 12b. KIND OF BLSINESS OR
offer death Give Pagi ilan with in Sta	Carland Garrett Co. Mem. Hosp. Student School
with death	13a. SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
00 - 2 - ()	: Arrett Deer Park YES □ NO & Rt. 1 30x 31 A
hours Office 11 1 and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MADEN NAME First Middle Lost
	Lawrence Esli Rush Alverda Carylon Bowser
within 24 in pencil in Examiner's Examiner's file pages of 72 hours	16b WAS DELEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 18 18 18 18 18 18 18
d within in pencil in pencil Examine File pag	
be executed "pending" in nief Medical E ansit permit. F	18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c) BITMER ONST AND DEATH WAS CAUSED BY.
pe execute "pending" ief Medica insit permit	MMEDIATE CAUSE (a) LODAR PREOMONIA, DILATERAL 24-40 HOURS
be exe "pendi nief Me ansit pe	Conditions, if any, which gave) (Stroptococcal)
	rise to immediate couse (a). (b)
This certificate should be executed cate, writing the ward "pending" is be farwarded to the Chief Medical I be used as a burial-transit permit.	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF
g the stand to ed to and in and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(g)
This certificate states, writing the be farwarded to be used as a but or remayal, and it	
war war sed aval	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES RE NO
his certific ate, writin e farward be used ar remaval,	WAS PERFORMED? YES NO □
# _ 20 0	21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
INER: 1 e certific shau d b files. 3 shauld attan, an	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF NURY 1At home, form, street. 21f LOCATION Street or R.F.D. No. City or Town. County State
(AMINER: te the certi te 4 shau d raur files. age 3 shau cremation,	
EXAMINER: ute the cert age 4 shar c yaur files. Page 3 shau	WHILE AT WORK AT WORK
	22a. I centify that I taak charge of the remains described above, held an Autopsy 🗶, Inspection 🗶, Inquiry 🔘, and in my opinion
DICAL ISE exec ectar P ined far ined far o burnal	death(resysted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
please e d.rector retained DIRECT	CHIEF MEDICAL EXAMINER
TY	ACTUAL COLOR SIGNATURE SIGNATURE M.D. ASS STANT MEDICAL EXAMINER 22b. DATE SIGNED
→ = a → ax	EXAMINER'S JANUARY 8, 1969
	NAME (Type) JAMES H. FEASTER, Jr. M.D. ADDRESS(Street city, town or county) OAKLAND, MARYLAND
5 = + v 5 ±	230 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Store) 3uriai 1/11/69 Zion Luth, Cemetery Accident faryland
ale	Jurial 1/11/69 Lion Luth. Cemetery Accident . aryland
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MAKTLAND STATE DEPARTMENT OF HEALTH

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FOD CTATE	3039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0891
FOR STATE HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Dow Year 1th Hour
MEALIII DEFI.	(Type or Print) Of ESTI-	
3 mg/	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOD
y delay	Male White Aug. 3, 1992 75 YRS MONTHS DAYS HOURS MAN Month 1 Day	8 Year 69 11140
E 7. 2	TO BIRTHPLACE (Stote or foreign 76 CTIZEN OF WHAT COUNTRY? 8 MARRIEDS NEVER MARRIED 9 COUNTY OF DEATH	
form form	Sang Run. Md. USA WIDOWED DIVORCED GARRETT	N
Poges with for	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 1/20 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ofter death 8. Give Pages along with for with the State leath.	Oakland Spatteet oddress Addition during most of working life, even fret red)	Coal
	13a USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
107/	Marry Tark 135 Carrett Oakland YES NO Davis Addit	lion
Tond 2	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	.051
2 6 7 9 2		Mankis
n penci in Examiner Fire pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or dates of service)	26.3
with per Exam Fire 7.2	no currently [tryes give wor or dotes of service] 218-03-0478 frs. Grace Sines Oakland,	Md .
	PART I. DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSE BY. COronary thrombosis	BETWEEN ONSET AND DEATH
d be executed d "pending" 'r Chief Medicol I transit permit. 'y y event within	IMMEDIATE CAUSE (a)	Sudden
e e e e e e e e e e e e e e e e e e e	Conditions, if any, which gave)	
d bi	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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NER: T certification of should be should be should should should other or o	CAUSE OF DEATH P.M. 19	
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EXAM tute thanked age 4 ryour Page 1, crem	WHILE NOT WHILE TOCKETY, OTHER DUBLING, BT.)	1
AL execution of the control of the c	22a. Let ify that I taak charge of the remains described above, held an Autapsy, Inspection \(\otimes_1 \), Inquiry \(\otimes_2 \)	
please e I director retained DIRECT	death espited fram: Natural coopes 🖾, Accident 🗌, Suicide 🔝, Hamicide 🔲, Undetermined manner	
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UTY, YIE De be Be Pri	DEPUTY MEDICAL EXAMINED TO 1=8	
necessary, price funeral 5 may be price funeral 10 FUNERAL Health price	NAME (Type) James H. Feaster, Jr., M. D. ADDRESS(Street, cty, town, or county) Oakland	d, Garre, Md.
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and the second	ADDRESS 250 REC D BY REGISTRAR 25b REGISTRARS	
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MAKTLAND STATE DEPARTMENT OF HEALTH

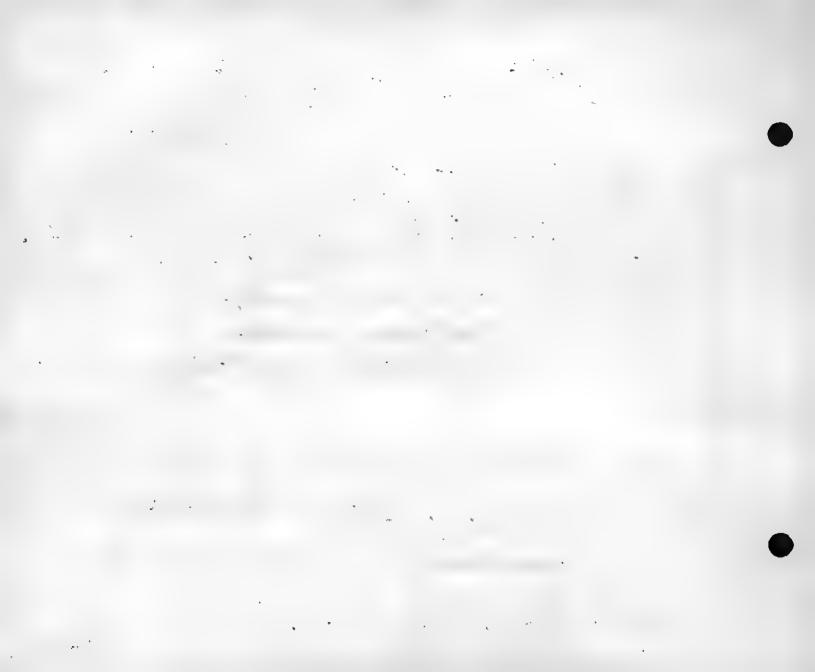


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₹ 3 €	F					/	2-2-2-2-1-1-1-1-1	APPROXIA	NATE INTERVAL VSET AND DEATH
# ### £		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI	D BY:	ecces.	ma Col	Cerem		1/100	The 2
de de otter	1	1621	DUE TO, OR AS A C			11		6 6 6 7 5	
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sicio sicio ol-ti		last.	(c) G	1 Felia	Sder on-			500	127
OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 hours after death be ratained by the hospital or ottending physicion DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral standard be detached for use as the buriol-transit permits. Then please remove carbon papers. Pages I and 3 should be detached for use as the buriol, cremation, or removal, and in any event, within 72 facts after deathed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 facts after death		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITH	ON GIVEN IN PART 1(0)	7	
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e lor tend tend s be os prio	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OF	PERATION WAS PER			206 IF YES, WERE FINDI CAUSES OF DEATH?	INGS CONSIDERED IN CE	RTIFYING
The part of the pa	M H	DI - ACCIDENT MAC MADERIAL	NC Inu True of Man	Para	YES 🗆	NO 🗌			
DAN: al o firet		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medicol exomi	TH HOUR A.M. Mor iner) P.M.	nth Doy Yeor	216 HOW INJURY OCCU	KKED (Enter noture	s of injury in Port 1 or Po	ort 2, Item 18.)	
SICI spit entit ed ed	MEDICAL	(If either, notify medical examination of the community o	ner) P.M.	ME EADM STREET EAC		as D.F.D. No.	City of Town	County	Stote
PHY e ho nis c tock Dept		White Not while at work of work	OFFICE	BUILDING, ETC.	TORY.) 21f. LOCATION Street	OF K.F.D. NO.	City of Iown	County	21016
AG the de	П	220 certify that (1) (th	nis hospital), attanda	d the decorse	d from	100	to ill less,	1022) that	(1) (wal-last
d by Affred Street Street	L	22o. I certify that (1) (the saw the deceased courses stated above	live an fa fall	1	and that in (my)	(our) opinion	death occurred an H	he dove and hour d	nd from the
OR:	L		e, (I) (we) (did) (did i	nat) view the l	oody ofter deoth.				
RECT SECTION		22b. SIGNATURE		Dr.	DEGREE PHYS	MED DIRECTOR	R STAFF PHYS.	22c DATE SIGNED	
Deg e	Н	22d PHYSICIANS	Letece	1111	DEGREE PHYS 22e. ADDRI		R LJ PHYS, LJ	10/acc	7
RAL RAL be be		NAME (Type) Dr. /	A. E. Mance	3	Oak	land, Md	. 2155u		/
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 fibers after death	230	BUR AL. CREMATION. 23b.	DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (City or Town) (County)	(Stote)
90° 0 1			-1 3-69	Mt.	Calvary Cen		homas T	hicker. W	.Va.
· · ·		FUNERAL DIRECTOR	0	ADDRESS			STRAR CO 2Sb. REGIS	TRAR'S SIGNATURE	Lat.
VR A15 [4] 30M REV 1/68	L	the to	HELLE EL	Thom	as,W.Va.	DATE	· · · · · · · · · · · · · · · · · · ·		0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0895 CERTIFICATE OF DEATH 00893 in by the funeral rs. Rages I and 2 Pours after death. 1. DECEASED-NAME Middle First 2a. DATE OF DEATH 2b. HOUR hours after death Month 2 (Type or print) S DATE OF-BURTH, IF UNDER TYEAR IF UNDER 24 HRS 6 AGE (In years last burnday) OAY'S HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [] DIVORCED 60 signed by the attending physician and campletely filler burial-transit permit. Then please remave carbon patburial, cremation, ar remaval, and in any event, within NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR WKhin during most of working ife, every retired.) INDUSTRY 13e. STREET AND NUMBER 3a. LSUAL RESIDENCE (Where deceased lived, if institut an 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY YES A NO IS. MOTHER'S MA DEN NAME Figs! 14. FATHER'S NAME Middle Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES?-17. INFORMAN Yes, hp/#r upknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t GIRCULATOR rise to immediate cause (a), Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. Sept. 3, 19.65, to 19.65, to 19.69, that (I) (we) last saw the deceased alive an 19.69, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BUR AL, CREMATION 23b. DAT 23d. #OCATION (City or Town) (County) RPMOVAL (Specify) REC'D BY REGISTRAR 1969



T	1		00899		DIVISION OF	VITAL RECORDS		STON STREET, B		RYLAND 21201	00894	Ė	
- <u>-</u>	24.	1. DE	DECEASED-NAME First		Middle			Lost		2a. DATE OF DEATH		2b. HOUR	
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find	5 - 5 m	3. SE)	(4. RACE		S	DATE OF BIRTH	1890	6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.	
49	S de s		FEMAL	E		WHITE	1	DECEMBER 2	7. KOOK	last birthday OYRS	MONTHS DAYS	HOURS MIN	
5	apers. Pages Fond in 72 haurs after death	7o. B	irthplace (Stote or firy) Maryla	oreign .nd	76. CITIZEN OF W	VHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF			M	
within 2	within 1/		ty or town of dea Oakland	TH.	II. I	Street oddress O .	Mem. I	in hospital 12a. IOS P . ION	USUAL OCCUPATION BOST OF TYPINGS	(Kind of work dane life, even if retired.)	12b. KIND OF WIDUSTRY IT		
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18	d in any ev	14, F	ATHER'S NAME F	irst .el.	Middle O •	Ehomp s	on	MOTHER'S MAIDEN NAI Joanne		Middle		lost eimor	
tificate	val, and ir	16a. Ye	WAS DECEASED EVER es, an or unknown)		D FORCES? or dates of service)	None		ormant Don Is	saacs, l	Address At. Stor		la.	
death cer	permit. Then please ian, or remaval, and		PART I. DEATH V	H (Enter only WAS CAUSED IMMEDIAT	BY: E CAUSE (o)	line for (a), (b), and (raf le	uum	hogs			MATE INTERVAL NSET AND DEATH	
at th	burial, tremation, or remayal, and in any		Conditions, if any, w rise to immediate c stating the underlyi	ause (a),	(b)	AS A CONSEQUENCE OF	ridio	A foce	it st.	lasan	- Ege.	as	
The law requires th attending physician	e burial- a burial,		PART 2. OTHER SIGN	FICANT CON	(c)	UTING TO DEATH BUT		THE TERMINAL DISEASE	ORCONDITION GIVE	N IN PART 1(0)	Je ce		
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5 PHYS	State Dept. af P		21d. INJURY OCCURR While Nat while at wark at work					ATION Street or R.F.D	377	or Town	County	State	
OR ATENDING PHYSICIAN: be retained by the haspital ar DIPECTOR. After this certificate	auld be the Stat		22a. I certify th saw the de causes stat	at (I) (this ceased ali ed abave,	haspital) at ve an (I) (we) (did	tended the deced)(did nat) view th	ised fram 19 7 and e bady after de	that in /my\ (aur)	apinian death	accurred on the d	are and hour	(I) (we) las and fram th	
De r	director, page 3 shauld shauld be filed with the		22b. SIGNATURE	80	lan	a Il	L DEGREE	ATTENDING PHYS.	MED. DIRECTOR D	STAFF PHYS. D 220	DATE SLONED	65	
FO HOSPITAL Page 4 may	far, pa		22d. PHYSICIAN'S NAME (Type)		E. Man					Marylan		1	
TO HO Page	shau		BURIAL, CREMATION, REMOVAL (Specify)	23b. D	45/69	White	Church	h Cem.	Rura	ON (City or Town) L-Deer P			
3	VR A15 (4)	24.	FUNERAL DIRECTOR John	0,13	urst,	Oakland,		JAN	2 7 1969	25b REGISTRAR	S SIGNATURE		

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MARYLAND STATE DEPARTMENT OF HEALTH

